

PHYSICIAN'S REPORT AND/OR DISABILITY CERTIFICATION

FOR ATTENDING MILITARY PHYSICIAN:

1. Please complete this document regarding the soldier you have examined/treated.
2. This document will be reviewed to determine eligibility for incapacitation pay (disability pay and/or other important benefits for the soldier).

PART I ADMINISTRATIVE

NAME OF SOLDIER:	MILITARY OCCUPATION (MOS):
CIVILIAN OCCUPATION:	MILITARY DUTY DESCRIPTION:
CIVILIAN OCCUPATION DUTY DESCRIPTION:	MILITARY STATUS: <input type="checkbox"/> M-DAY <input type="checkbox"/> ADSW <input type="checkbox"/> AT <input type="checkbox"/> OTHER _____

PART II MEDICAL INFORMATION

DIAGNOSIS:

PROGNOSIS:

SOLDIER ☐ IS ☐ IS NOT ABLE TO PERFORM MILITARY DUTIES.

SOLDIER ☐ IS ☐ IS NOT ABLE TO WORK IN HIS/HER CIVILIAN OCCUPATION.

I ☐ HAVE ☐ HAVE NOT REFERRED THIS SOLDIER TO A MEDICAL EVALUATION BOARD (MEB)

DATE EXPECTED TO RETURN TO NORMAL MILITARY DUTY, WITHOUT LIMITATIONS _____

PART III AUTHENTICATION

PHYSICIAN'S NAME TYPED OR PRINTED:	TELEPHONE NUMBER:	DATE OF EXAMINATION:
PHYSICIAN'S SIGNATURE:	MEDICAL TREATMENT FACILITY:	

(THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974)

AUTHORITY: 32 USC 318 and 319; 37 USC 204(h); Sections 340 and 341, California Military and Veterans Code.

PRINCIPAL PURPOSES: To verify member's disability caused by service connected injury or disease. To determine final diagnosis. Social Security Number is used for identification.

ROUTINE USES: Used within the California Army National Guard to determine eligibility for disability pay and treatment in a service hospital or at government expense. Used to determine final diagnosis in line of duty investigations and determinations.

DISCLOSURE IS VOLUNTARY: Failure of member or his physician to provide requested information may result in delay in payment for incapacitation or delay in final disposition of member's case (Comp Gen decision #B-185404, 2 Aug 76).